

HHS/CDC Global AIDS Program (GAP) in Ethiopia – FY 2003



About the Country of Ethiopia

Capital City: Addis Ababa

Area: 1,127,000 sq km (435,137 sq mi)

Population: approximately 70 million

The HIV/AIDS Situation in Ethiopia

HIV Infected: 2.2 million¹

AIDS Deaths: 160,000²

AIDS Orphans: 1.2 million³

Ethiopia is among the countries most heavily affected by the HIV/AIDS epidemic with the third largest population of HIV-infected persons living in Africa. It contributes approximately 4% of the world's total AIDS load. The Federal Ministry of Health (MOH) in Ethiopia estimated that 2 million adults and 200,000 children were living with HIV in 2001; representing an adult HIV prevalence rate of 6.6%. More than 1 million cumulative deaths have been attributed to AIDS and over 1 million children have been orphaned by AIDS. The principal routes of HIV

transmission are heterosexual sex and mother-to-child; however, contributions from unsafe medical injections and via unsafe blood have not been quantified. Additionally, increases in tuberculosis (TB) cases over the years have been concurrent with the HIV epidemic progression, with HIV prevalence among TB patients estimated at 40% to 50%. The generalized epidemic has affected all regions and sectors of Ethiopia.

About the Global AIDS Program in Ethiopia

Year Established: 2001

FY 2003 Budget: \$6.45 million USD

In-country Staffing: 2 CDC Direct Hires; 24 Locally Employed Staff⁴

Program Activities and Accomplishments

In FY 2003, GAP Ethiopia achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Helped strengthen the management and delivery of voluntary counseling and testing (VCT) services at two sites. Implemented same-day test result services in both sites. More than 9,084 clients received VCT services in 2003, of which 26.1% were HIV-positive. In addition, the two sites serve as training venues for VCT counselors, laboratory technicians, and data managers from other facilities and organizations.
- Signed a cooperative agreement with the Ethiopian Department of Defense to expand VCT services at the Makele and Harar military hospitals, and to support the peer leadership and the Modeling and Reinforcement to Combat HIV (MARCH) behavior change communication strategy. Fully implemented MARCH in West Hararhge and partially implemented it in Addis Ababa.

¹ Figure as reported by the Federal Ministry of Health in the October 2002 report: AIDS in Ethiopia, 4th Edition.

² Figure represents a 2001 estimate taken from the CIA World Factbook, <http://cia.gov/cia/publications/factbook>.

³ Figure as reported by the Federal Ministry of Health in the October 2002 report: AIDS in Ethiopia, 4th Edition.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

- Conducted a national VCT Training of Trainers (TOT); conducted a one-day “Burnout Prevention” workshop for counselors; supported the training of 57 peer educators, 50 anti-AIDS club members, and 46 community counselors to support HIV-positive clients.
- Helped establish and support the operational activities of the National AIDS Resource Center in Ethiopia.
- Conducted a study to validate the sexually transmitted infection (STI) syndromic approach in Ethiopia.
- Developed information, education and communication (IEC) and BCC materials on PMTCT and VCT, including audiovisuals.
- Held a national symposium that brought together top policy makers and key stakeholders. Many parts of the symposium were televised and broadcast live on the radio.

Preventing Mother-to-Child HIV Transmission (PMTCT)

- Implemented President Bush’s International Mother and Child HIV Prevention Initiative in collaboration with the U.S. Agency for International Development (USAID) and the Ministry of Health (MOH) to ensure that community-based services are available to pregnant women, including provision of antiretroviral (ARV) nevirapine at childbirth to HIV-positive pregnant women who seek antenatal care, and immediately postpartum to their newborns.
- Established a minimum PMTCT delivery package for different tiers of the health care system.
- Began implementation of PMTCT services at 25 sites across the country.
- Developed PMTCT training materials and conducted training of providers.
- Assisted the MOH to develop the "National Implementation Framework for Prevention of Mother-to-Child Transmission of HIV (PMTCT and PMTCT-Plus) in Ethiopia."

HIV/AIDS Care and Treatment

- Collaborated with the MOH and other key stakeholders to establish a tuberculosis (TB)/HIV initiative focused on providing TB screening, and also links to TB clinics for clients attending VCT centers, outpatient departments in hospitals, and PMTCT facilities.
- Provided technical support to MOH for the development of national antiretroviral treatment (ART) guidelines.
- Provided training of health workers (doctors, nurses, pharmacists) in ART delivery in partnership with I-TECH.
- Developed and conducted a site preparedness assessment for provision of ART.
- Conducted a TB/HIV sensitization workshop in April 2003.

Surveillance and Infrastructure Development

- Assisted the MOH and Regional Health Bureaus in expanding antenatal clinic sentinel surveillance from 34 to 65 sites.
- Supported the design and conduct of sentinel ANC based HIV surveillance, including protocol revision, development of training materials, the first national surveillance workshop, and two rounds of supervision visits.
- Developed a standard algorithm for HIV testing utilizing rapid test kits evaluated in country for same-day confirmed results.
- Developed a dried blood spot HIV testing procedure manual.
- Renovated a three-story laboratory to serve as the National Reference Laboratory for HIV, STIs, and opportunistic infections.

Challenges

- Stigma and discrimination continue to hinder prevention and care/treatment activities.
- Lacks adequate human resources both in quantity and quality due to low numbers and high attrition.

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